

## State of Utah DEPARTMENT OF COMMERCE

## Division of Corporations & Commercial Code Application for Authority to Transact Business for a Foreign Limited Liability Company

| Non-Refundable Processing Fee: [ ] Foreign LLC \$52.00 [ ] Series LLC \$52.00 | ile Number              | - |
|---|-------------------------|---|
|   | [ ] Foreign LLC \$52.00 | : |

A Certificate of Good Standing/Existence from the state of organization dated no earlier than ninety (90) days prior to filing with the Division is attached.

| tached.   |                       |                      |                                  |  |        |                      |      |       |     |  |
|---|-----------------------|----------------------|----------------------------------|--|--------|----------------------|------|-------|-----|--|
| 1. Exact Name of  | Foreign Limited Lia   | ability Company:     |                                  |  |        |                      |      |       |     |  |
| 2. This limited lia   | bility company of th  | e state or country   | of:                              |  |        |                      |      |       |     |  |
| 3. Date of formation or organization in home state:   |                       |                      |                                  |  |        | 4. Duration:         |      |       |     |  |
| 5. The Registered Agent in Utah is:   |                       |                      |                                  |  |        | Signature:           |      |       |     |  |
| 6. The address of the registered office in Utah is:<br>Utah Street Address Required   |                       |                      | Street Address City State UT Zip |  |        |                      |      |       | Zip |  |
| 7. Principal place of business:   |                       |                      | Street Address City State Zip    |  |        |                      |      |       |     |  |
| 8. The nature of t  | he business or purpo  | se(s) to be conduct  | ted o                            | r promoted in Utah:                                |        |                      |      |       |     |  |
|   | bility company shall  |                      |                                  |  |        |                      |      |       |     |  |
| (The limited liability company shall use its name as set forth at the top of this form unless the name is not available for use in Utah.)  10. Clear indication of who is managing the company is required. |                       |                      |                                  |  |        |                      |      |       |     |  |
| 10. Clear indicati  | on of who is managi   | ng the company is    | requi                            | ired.  |        |                      |      |       |     |  |
|   |                       |                      |                                  | managed?Ye   |        |                      |      |       |     |  |
| Position  | Name                  | Address              |                                  |  |        |                      | City | State | Zip |  |
| MANAGER:  |                       |                      |                                  |  |        |                      |      |       |     |  |
| MANAGER:  |                       |                      |                                  |  |        |                      |      |       |     |  |
| 10b. Is this foreign limited liability company member-managed?Yes,No.  If <b>YES</b> , you must list the name and business or residence street address of each member.                                      |                       |                      |                                  |  |        |                      |      |       |     |  |
| Position  | Name                  |                      |                                  | Address  |        |                      | City | State | Zip |  |
| MEMBER:   |                       |                      |                                  |  |        |                      |      |       |     |  |
| MEMBER:   |                       |                      |                                  |  |        |                      |      |       |     |  |
| Please list addit   | tional managers/n     | nembers (if any)     | ) on                             | an attachment                                      |        |                      |      |       |     |  |
| 11. If a foreign er   | ntity is a member or  | manager, you must    | t list t                         | the home state where                               | the er | ntity is registered: |      |       |     |  |
| 12. The date the l  | imited liability comp | oany intends to firs | t tran                           | sact business in Utah                              | :      |                      |      |       |     |  |
|   |                       |                      |                                  | with management aut<br>has been examined by        |        |                      |      |       |     |  |
|   | ity Company Author    |                      |                                  | _  |        | Name &               |      |       |     |  |
|   |                       |                      |                                  | tained by the Division<br>the residential or priva |        |                      |      |       |     |  |

**Mail In:** PO Box 146705

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